

REPORT SUMMARY

Emergency Medical Services (EMS)

Closing Gaps in Available Services and Strengthening Agency Management Controls and Governance Could Improve Delivery of EMS in Montana

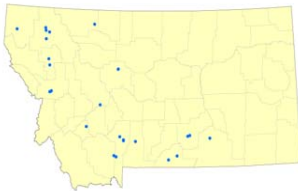
Introduction

EMS is defined in statute as prehospital care and transportation furnished by a combination of persons licensed by the Board of Medical Examiners (BOME) and resources that

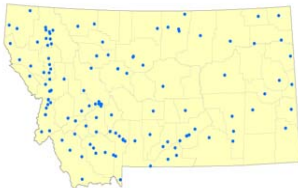
are licensed by the Department of Public Health and Human Services (DPHHS). The National Highway and Traffic Safety Administration (NHTSA) is the national leader for EMS, which establishes guidelines for the essential components needed for an effective EMS system. A limited amount of data is available about EMS in Montana. As such, the audit report contains original research and information not previously available.

Locations of EMS Units by Level of Service

ALS Care 24/7 - 33



Some Level of ALS Care - 135



9-1-1 Responding Units - 224



All Licensed EMS Units - 267



**Source: Compiled by the
Legislative Audit Division.**

Audit Findings

Analysis of EMS capabilities and availability shows gaps in available services exist, primarily for advanced life support (ALS) care in rural areas and for all levels of care in central and eastern parts of Montana. Based on our review of administration and management of EMS at the state level, standards relative to the timeliness of EMS response, quality improvement, and medical direction could be enhanced. Additionally, management controls for EMS program activities within DPHHS could be strengthened and a new EMS governance structure should be considered.

Audit Recommendations

Audit work identified multiple areas of EMS that could be improved, which resulted in twelve recommendations to DPHHS and/or the BOME. The recommendations relate to:

- ◆ Defining criteria and capabilities for the basic life support with advanced life support endorsements ambulance licensure level.
- ◆ Identifying and addressing gaps in services across the state to assure statewide delivery of EMS.
- ◆ Enhancing benchmarks for response times to EMS incidents.
- ◆ Developing oversight mechanisms for medical direction and clarifying multiple existing definitions in law and rule.

- ♦ Eliminating dual authority in law regarding handling and investigation of EMS complaints.
- ♦ Implementing a comprehensive prehospital management information system.
- ♦ Conducting a strategic planning process to identify goals and objectives and align program activities with the mission and vision of the EMS program.
- ♦ Strengthening management controls over inspections, vehicle permits, complaint documentation, ambulance licensure fees, and enforcement of compliance with the administrative rule for EMS records and reports.
- ♦ Developing a new EMS governance structure by either consolidating multiple existing EMS committees and advisory councils or establishing a new EMS system governance entity.